



<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/270,688
		Filing Date	March 16, 1999
		First Named Inventor	Daniel David Young
		Group Art Unit	3722
		Examiner Name	Erica E. Cadugan
Total Number of Pages in This Submission		Attorney Docket Number	742407-4

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Request For Continued Examination (RCE) Transmittal</b>
Remarks		<b>RECEIVED</b> <b>FEB 12 2004</b> <b>TECHNOLOGY CENTER R3700</b>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Corinne R. Gorski, Reg. 34,339 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	January 26, 20054

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
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<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____	
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<div style="display: flex; align-items: center;"> <div style="text-align: right; margin-right: 10px;"> <b>OFFICE</b>  <b>JAN 26 2004</b> </div> <div> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">FOR FY 2003</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div> </div>		<i>Complete if Known</i>	
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Art Unit		3722	
Attorney Docket No.		742407-4	
TOTAL AMOUNT OF PAYMENT		(\$ ) 0770.00	

<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check all that apply)</h3> <p> <input type="checkbox"/> Check           <input type="checkbox"/> Credit Card           <input type="checkbox"/> Money Order           <input type="checkbox"/> Other           <input type="checkbox"/> None       </p> <p> <input checked="" type="checkbox"/> Deposit Account:       </p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Deposit Account Number: 19-2380       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Deposit Account Name: Nixon Peabody LLP       </div> <p> <b>The Commissioner is authorized to:</b> (check all that apply)       </p> <p> <input type="checkbox"/> Charge fee(s) indicated below           <input checked="" type="checkbox"/> Credit any overpayments       </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s)       </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.       </p> <h3 style="text-align: center; margin: 10px 0;">FEE CALCULATION</h3> <div style="border: 1px solid black; padding: 5px;"> <h4>1. BASIC FILING FEE</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$ ) 0</td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <h4>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>-20** =</td> <td></td> <td>X</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>-3** =</td> <td></td> <td>X</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>X</td> <td>0</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b> (\$ ) 0</td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see above</p> </div>	Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					(\$ ) 0			Extra Claims	Fee from below	Fee Paid	Total Claims	-20** =		X	0	Independent Claims	-3** =		X	0	Multiple Dependent			X	0	Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	1202	18	2202	9	Claims in excess of 20	1201	86	2201	43	Independent claims in excess of 3	1203	290	2203	145	Multiple dependent claim, if not paid	1204	86	2204	43	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	<b>SUBTOTAL (2)</b> (\$ ) 0					<h3 style="text-align: center; margin: 0;">FEE CALCULATION (continued)</h3> <div style="border: 1px solid black; padding: 5px;"> <h4>3. 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<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	Corinne R. Gorski	Registration No. (Attorney/Agent)	34,339
Signature		Telephone	(202) 585-8212
		Date	January 26, 2004

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 Alexandria, VA 22313-1450